

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10730171
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		1				
13		1				
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16		1				
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18		1				
19		1				
20		2				
21		2				
22		3				
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24		3				
25		1				
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27		3				
28		3				
29		1				
30		1				
31		2				
32	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	63					
TOTAL CLAIMS	65					

	IND		DEP		IND		DEP	
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TOTAL CLAIMS								